

CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report only if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER 31-1850224		REPORT FILED ON BEHALF OF		CANDIDATE 1	COMMITTEE 2	LOBBYIST 3												
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Lindstrom for Clerk of Records																		
STREET ADDRESS 5005 Zuck Rd 104H 48																		
CITY Erie		STATE Pa		ZIP CODE 16506-4954														
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE County Clerk of Records		DISTRICT NO. Erie	PARTY Rep.		DATE OF ELECTION												
						MO. DAY YEAR 11 7 17												
1. 6TH TUESDAY PRE-PRIMARY																		
2. 2ND FRIDAY PRE-PRIMARY																		
3. 30 DAY POST-PRIMARY																		
4. 6TH TUESDAY PRE-ELECTION																		
5. 2ND FRIDAY PRE-ELECTION																		
6. 30 DAY POST-ELECTION X																		
7. ANNUAL REPORT																		
DATES OF REPORTING PERIOD			<table border="1"> <tr> <th>MO.</th> <th>DAY</th> <th>YEAR</th> </tr> <tr> <td>10</td> <td>24</td> <td>2017</td> </tr> </table> TO <table border="1"> <tr> <th>MO.</th> <th>DAY</th> <th>YEAR</th> </tr> <tr> <td>11</td> <td>27</td> <td>2017</td> </tr> </table>		MO.	DAY	YEAR	10	24	2017	MO.	DAY	YEAR	11	27	2017	FOR OFFICE USE ONLY	
MO.	DAY	YEAR																
10	24	2017																
MO.	DAY	YEAR																
11	27	2017																
CASH BALANCE AT END OF REPORTING PERIOD: \$ 0			<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> 2017 DEC -4 PM 1:29 ERIE COUNTY VOTER REGISTRATION </div>															
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 0																		
AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> TERMINATION REPORT? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>																		

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.

If statement is filed on behalf of a Candidate, the Candidate must sign here.

If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.	
SWORN TO AND SUBSCRIBED BEFORE ME THIS 4th DAY OF Dec. 20 17 Sonia Wilt SIGNATURE MY COMMISSION EXPIRES 4-3-19 MO. DAY YR.	SIGNATURE OF PERSON SUBMITTING REPORT Yvette Marie Dash PRINTED NAME 572-9067 DAYTIME TELEPHONE NUMBER 814 AREA CODE

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

I SWEAR (OR AFFIRM) THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS POLITICAL COMMITTEE HAS NOT VIOLATED ANY PROVISIONS OF THE ACT OF JUNE 3, 1937 (P.L. 1333, No. 320) AS AMENDED.	
SWORN TO AND SUBSCRIBED BEFORE ME THIS 4th DAY OF Dec 20 17 Sonia Wilt SIGNATURE MY COMMISSION EXPIRES 4-3-19 MO. DAY YR.	SIGNATURE OF CANDIDATE James Lindstrom PRINTED NAME 572-5965 DAYTIME TELEPHONE NUMBER 814 AREA CODE